



RECORDS DEPOSITION SERVICE
PO BOX 5054 • SOUTHFIELD, MI 48086-5054
P: 248.357.3330 • F: 248.357.3337 • INFO@RECDEP.COM

GENERAL AUTHORIZATION

I, _____
(Printed Name) (Date of Birth) (Social Security Number)

(Address)

hereby authorize

(Deponent/Custodian of Records)

to release any and all information which may be requested regarding myself and to allow them or any person appointed by them to examine or photocopy any records of me or records which the aforementioned Deponent/Custodian of Records may have contained in my file to:

RECORDS DEPOSITION SERVICE, INC., PO Box 5054, Southfield, MI 48086-5054

Note: Disclosure is to be made to Records Deposition Service, Inc. only. All other disclosures are unauthorized!

1. Information to be disclosed: **Please see enclosed Subpoena or Letter Request for information to be disclosed.**
2. The purpose and need for such disclosure: **For Discovery Before Trial**
3. This Authorization is subject to revocation at any time by contacting Records Deposition Service, Inc. in writing. I understand that the revocation will not apply to information that has already been released in response to this Authorization.
4. Without expressed revocation, this Authorization expires on the date set forth below or for the following specified reason: Once information is disclosed, no further information can be disclosed pursuant to this authorization.

Or date: _____

or event: _____

5. A photocopy of this document shall be considered valid as if the original were offered. This Authorization is only valid if submitted by Records Deposition Service, Inc. I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal or State Law. Records Deposition Service, Inc. is not liable for damages as the result of an unauthorized disclosure.

Signature

Printed Name

Date Signed